## EST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10092028

								70074070					
		CLAIMS AS	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			20				Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			g mir	nus 3 =	*		F	X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=	_	
* If	the difference	in column 1 is	less than ze	nan zero, enter "0" in column 2			L	TOTAL		OR	TOTAL		
	C	LAIMS AS A (Column 1)	AMENDED - PART II (Column 2)			(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 20	Minus	** 2	20	= /		X\$ 9=	/	OR	X\$18=	1	
	Independent	* 3	Minus	***	3	=		X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM	/		+140=		OR	+280=		
							<b>Ľ</b> AE	TOTAL		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)	•					·	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF M	Minus	***	T CL AINA	=		X42=		OR	X84=		
	· ·	NTATION OF IM	JLI IPLE DEF	ENDEN	CLAIIVI			+140=	-	OR	+280=		
							AE	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	Annual State of Confession and Confe		mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST 1BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=-		X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		<b>│</b> ├		-				
*	If the entry in colu		+140=		OR	+280=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE ADDIT. FEE													
		ber Previously Pa					er found	d in the app	ropriate box	in col	lumn 1.		